

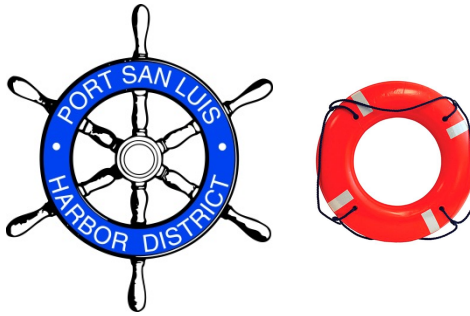
Port San Luis Harbor District

Please return completed application to:

Port San Luis Harbor District

3950 Avila Beach Drive
 P.O. Box 249
 Avila Beach, CA 93424

(805) 595-5400 x 10



APPLICATION FOR EMPLOYMENT - SEASONAL LIFEGUARD

(Please Print in Ink or Type)

1. Date: _____
2. Position Applied for: _____ Home Phone: _____
3. Name: _____ Cell Phone: _____
Last First Middle
4. Mailing Address: _____ Email: _____
Number & Street City State Zip
5. In case of emergency, notify: _____
Name Address Phone Number
6. Do you have a legal right to be permanently employed in the U.S.? Yes No At the time of appointment all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.
7. Are you now or have you ever been employed by the Port San Luis Harbor District? Yes No
 If yes, give date(s): _____
8. The Harbor District's policy generally prohibits employment at the Harbor District of a person closely related by blood or marriage to an employee. Do you have a first cousin or closer relative currently working for the Harbor District? Yes No
 If yes: Name of Relative: _____ Relationship: _____
9. Do you possess a valid Driver's License? Yes No State: _____ License No.: _____
10. **EDUCATION/TRAINING**
 Have you graduated from High School or do you possess a GED? Yes No

Name and Location of College or University	Subject or Major	Units Completed		Title of Degree Awarded
		Semester	Quarter	

List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:

11. **Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.**

Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____

12. Rate of pay expected: _____ Full-time Part-time
13. Are you able to perform the essential duties, with or without accommodations, of the position for which you are applying? Yes No
14. How did you hear of this job opening? _____ (For Survey Purposes Only)

15. **EMPLOYMENT HISTORY.** List your employment for the past 10 years, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the Harbor District is seeking.

Current/Most Recent Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____
 Reason for Leaving: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____
 Reason for Leaving: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____
 Reason for Leaving: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____
 Reason for Leaving: _____

16. May we contact your current employer? Yes No Not currently employed Past Employers? Yes No
 If No, please explain: _____

Applicants may be required to undergo a pre-employment physical examination at the District's expense.

IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, CONTINUED EMPLOYMENT OF PERSONS HIRED BY THE PORT SAN LUIS HARBOR DISTRICT AFTER NOVEMBER 6, 1986, WILL BE CONTINGENT UPON PRESENTATION BY THE EMPLOYEE, PRIOR TO BEGINNING WORK, OF ACCEPTABLE DOCUMENTS VERIFYING IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES.

I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE THE DISTRICT ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:

Signed _____ Date _____ Rev. 01/20



**Port San Luis Harbor District
Lifeguard Swim Test Participant Waiver and Advisory**

Please read the following Accident Waiver and Release of Liability before signing.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. I further acknowledge that the ocean is a naturally occurring condition with inherent risks to my safety. These risks include, without any limitation, physical injury and drowning. Also, I acknowledge that I will be swimming in the area of a fatal shark attack that occurred in August, 2003. I understand that since that attack there have been confirmed and unconfirmed sightings of great white sharks in the water off Avila Beach.

With a complete understanding of the foregoing, I hereby release, discharge and hold harmless the Port San Luis Harbor District, and its officers, agents and employees from any and all liability, claims, demands, damages, costs, loss of service, expenses and compensation as a result of any injuries, death, or damage in any way related to my participation in the Port San Luis Harbor District Lifeguard Swim Test.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this event.

This waiver, release and assumption of risk affects your legal rights. It will result, among other things, in waiving any rights you may have to pursue claims for damages or injuries related to your participation in the PSLHD Lifeguard Swim Test.

By signing below, you will be deemed to have read and understood this release and assumption of risk in its entirety.

Print Name

Signature

Date

If the participant is under 18 years of age, this document must be signed and agreed to by the participant's parent or legal guardian who shall be bound by the terms herein.

Parent or Guardian:

Print Name and Relationship

Signature

Date